

Exceptional Children Division Mediation Results Form

Mediator:	Mediation Case Number:	
Parent(s):	Date Mediation Held:	
LEA:	Mediation Time (Beginning to End):	

Results

Please provide the requested information. Enter "N/A" (Not Applicable) where appropriate.

Mediation NOT related to a Due	Process hearing.
Mediation was successful.	Mediation was not successful.
***If related to a state complaint, m	ediation was successful and I wish to withdraw my state complaint.
Parent Signature:	Date:
Mediation related to a Due Proce	ss hearing.
Mediation was successful an	I I wish to withdraw my request for a Due Process hearing.
hearing.	partially unsuccessful, and I wish to proceed to the Due Process
	partially unsuccessful and both parties agree to continue to work option is chosen, this document must be submitted to OAH with any request for an
Parent Signature:	Date:
LEA Representative Signature:	Date:
Agreement to Mediate was cance	lled.
Date of cancellation:	Name of the party that cancelled:
Mediator Signature:	Date:
For State Complaints Only	
Complete this section only if a state complain	ıt has been filed.

The LEA representative must fax or email signed copies of this document and the signed mediation agreement to:

NCDPI – EC Division Attn.: Mediation Coordinator mediation@dpi.nc.gov Fax: (919)807-3755

For Due Process Petition Only

Complete this section only if Due Process hearing has been requested.

The LEA representative must fax or email signed copies of this document and the signed mediation agreement to:

NCDPI – EC Division Office of Administrative Hearings

Attn.: Due Process Coordinator

due process@dpi.nc.gov
Fax: (919) 807-3755

Attn.: Kim Hausen
Fax: (919) 431-3100